

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 2870

MS DOCKET NO. 171954.1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **In-Place Adaptive Handwriting Input Method and System**

the specification of which is filed herewith unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application

Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Add Attorney Name and Reg. No.	Albert S. Michalik, Reg. No. 37,395	Roger D. Wylie, Reg. No. 36,974	
	Katie E. Sako, Reg. No. 32628	Daniel D. Crouse, Reg. No. 32022	

Send Correspondence to: Michalik & Wylie, PLLC

Direct Telephone Calls To: Albert S. Michalik

Contact Name Albert S. Michalik

Contact Name Albert S. Michalik

Firm Name Michalik & Wylie, PLLC

Contact Phone Number 425-836-3030

Firm Address 704 - 228th Avenue NE, Suite 193

City, State and Zip Sammamish, WA 98074

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Erik M. Geidl

Citizenship: USA

Residence: 1641 171st Avenue NE, Bellevue, Washington 98008

Post Office Address: Same



Inventor's Signature

10/8/2001

Date

Full Name of Inventor:

Citizenship:

Residence:

Post Office Address:

TO: DIRECTOR OF PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20503

Inventor's Signature

Date

Full Name of Inventor:

Citizenship:

Residence:

Post Office Address:

Inventor's Signature

Date